

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

		Tile with: Est	of Town Clerk or Election	on Commission
Commonwealth f Massachusetts Beginning Date Beginning Date	1.1.20	Ending Date:	1.12:00	_
Fill in Reporting Period dates: Beginning Date		Mun. BAND	1010U V	
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding	election 30 day aft	er election	end report A dis	ssolution
	Com	MITTEE TO E	LECT CALRY	(KATCIFF)
Candidate Full Name (if applicable)		LAID POR	LESTEL	
TIME CONNEILLOR AT LATE		Name of Com	mittee Treasurer	
BO ENISTEL KOAD KAND	all mi		failing Address	
	15 tituti.	ptional):		
Phone # (optional):				
SIMMARY	Y BALANCE INFOI	RMATION:		
Line 1: Ending Balance from previo	ì	2.85		
Line 2: Total receipts this period (pa	age 3, line 11)	2.85		
Line 3: Subtotal (line 1 plus line 2)	,	2.85		
Line 4: Total expenditures this peri		200		
Line 5: Ending Balance (line 3 mir	ius line 4)			-
Line 6: Total in-kind contributions	this period (page 6)			
Line 7: Total (all) outstanding liab	oilities (page 7)	Cart]
	ROCKland			George
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedul activity, including all contributions, loans, receipts, expenditures, d finance activity of all persons acting under the authority or on beha	les and it is, to the best of my kn isbursements, in-kind contributi alf of this committee in accordan	nowledge and belief, a true and ons and liabilities for this repuise with the requirements of N	l complete statement of all orting period and represen I.G.L. c. 55. Date: nature)	its the campaign
mance activity of meriury:				
FOR CANDIDATE FILINGS ONLY: Affidavit of C Candidate with Committee and no activity independent o	schedules and it is, to the best of	my knowledge and belief, a t with the requirements of M.	rue and complete statemer G.L. c. 55. I have not rec	nt of all campaign fina ceived any contribution
activity, of all poisons and person my out	Hall during and			•
incurred any liabilities nor made any expenditudes of the control	schedules and it is, to the best of penditures, disbursements, in-kir, thority or on behalf of this comm	nd contributions and liabilities nittee in accordance with the (Candidate's	requirements of M.G.L. c. Date:	1.10.2020
Signed under the penalties of perjury:	/ 			

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aiphabetical listing required)			
]		
-		J L		
Lina Or Total Dag	eipts over \$50 (or listed above)	0		
			늮	
Line 10: Total Red	ceipts \$50 and under* (not listed above)	0		
	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	·			·	
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				2.85	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				2.85	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Jate Received			,	
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		·	-	
			c	
	,			
				<u> </u>
		Line 15. In Wind Contribution	ons over \$50 (or listed above)	0
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 \rightarrow Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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